

November 4, 2011

**CERTIFIED MAIL**  
**(7007 1490 0003 4201 1137)**

First Choice Care LLC-Licensee  
Daniela Torkelson-Entity Representative  
First Choice Care LLC  
22028 108<sup>th</sup> Avenue SE  
Kent, Washington 98031

License #751963

**STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Ms. Torkelson:

This letter constitutes formal notice of a stop placement order prohibiting admissions for your adult family home located at **22028 108<sup>th</sup> Avenue SE, Kent, Washington**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and WAC 388-76-10940.

The stop placement order prohibiting admissions to your adult family home is based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on October 20, 2011.

**WAC 388-76-10020 (2) License-Ability to provide care and services.**

**The adult family home provider failed to demonstrate that she understood the importance of meeting all of her financial obligations in a timely manner. This failure placed four residents at risk for health and safety problems in the event the water was turned off due to unpaid bills.**

**This is a repeat or uncorrected deficiency previously cited on August 15, 2011.**

***The stop placement will be lifted when the provider shows proof of timely utility payments for six months.***

Plan  
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to:

**Susan Hajek, Field Manager**  
**20425 72<sup>nd</sup> Avenue S, Suite 400**  
**Kent, WA 98032-2388**

The stop placement order prohibiting admissions to your adult family home is effective immediately upon notice to you either by telephone or personal delivery on **November 4, 2011** and/or certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Susan Hajek, Field Manager at (253) 234-6044.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

You may contest the imposition of a stop placement order prohibiting admissions to your home by requesting an administrative hearing. The Office of Administrative Hearings must receive your

written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies report must be included with your request. Send your request to:

**Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489**

As provided in WAC 388-76-715, you may question cited deficiencies identified in the Statement of Deficiencies report and/or this enforcement action through the department's informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies.

To request an informal dispute resolution meeting, send your written request to:

**Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225**

The written request should:

- Identify the specific deficiencies and/or enforcement action(s) that are disputed;
- Explain why you are disputing the deficiencies and/or enforcement action(s);
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice and Statement of Deficiencies report.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

A written, acceptable Plan of Correction (POC) for each deficiency cited unless otherwise specified must be submitted to this office within 10 calendar days of your receipt of this report. Your plan of correction should include:

- How the home will correct the deficiency for each numbered resident;
- How the home will protect other residents in similar situations;
- Measures the home will take or the systems it will change to ensure the problem does not recur;
- How the home plans to monitor its ongoing performance to sustain compliance;
- Dates corrective action will be completed (no more than 40 days from the last day of the inspection); and,
- The title of the person responsible to ensure correction.

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If you have any questions, please contact Susan Hajek, Field Manager at (253) 234-6044.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Janice Schurman, Compliance Specialist  
Field Manager, District 2 Unit F  
RCS District Administrator, District 2  
HCS Regional Administrator, Region 2  
DDD Regional Administrator, Region 2  
LTC Ombudsman  
Area Agency on Aging, AAA-King  
Medicaid Fraud Control Unit  
John Ficker, HCS  
HQ Central Files

**REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS**

**FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE REQUEST FAXED:** \_\_\_\_\_ **DATE MAILED:** \_\_\_\_\_

**TO:** \_\_\_\_\_, Field Manager, Region \_\_\_\_ Unit \_\_\_\_

**I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.**

**The following steps have been taken to ensure lasting correction.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

\_\_\_\_\_  
**Licensee or Designee Signature**

\_\_\_\_\_  
**Date**